

Draft Initial LIHP Transition Plan FAQ

General

1. **Q: Does DHCS envision a universal implementation vs. customization by local LIHPs for LIHP enrollees? What role will the local LIHPs or counties have during the transition process? When will DHCS start collaborating with the LIHPs?**

A: DHCS is drafting an operational plan outlining the activities required for the transition, including stakeholder engagement. The details of the roles of county LIHPs and county social services agencies have not been determined at this time. DHCS will convene workgroups with stakeholders focusing on various aspects of the transition. Stakeholders will be notified and have an opportunity to participate and provide input on the formulation of transition activities.

2. **Q: If LIHP enrollees cannot be enrolled until January 1, 2014, and LIHP ends 12-31-13, who will be responsible for paying interim medical costs?**

A: It is the local LIHP's responsibility to provide medical services to its enrollees and incur costs through December 31, 2013, when the program ends. LIHP enrollees eligible for Medi-Cal coverage under ACA will be pre-enrolled with an effective date of January 1, 2014. Medi-Cal Managed Care health plans will pay for services on and after the transition on January 1, 2014. LIHP enrollees eligible for Exchange coverage must select options through the Exchange, which will have an effective date of January 1, 2014.

3. **Q: Do LIHP aid codes correspond with existing codes in the Medi-Cal Eligibility Data System (MEDS)? Will new aid codes be created for LIHP enrollees transitioning to Medi-Cal Managed Care Plans?**

A: DHCS has developed specific LIHP aid codes to identify current enrollees in MEDS. The need to develop new aid codes for plan assignment is still under discussion at this time.

Eligibility

4. **Q: When will the state issue the redetermination instructions to the LIHPs for the purposes of collecting additional information for eligibility determination under the Affordable Care Act (ACA)?**

A: DHCS is seeking clarification and guidance from CMS on the eligibility determination requirement for the LIHP transition under ACA. Once CMS provides guidance, DHCS will develop policy and a timeline for the process. We recognize that this information is needed as soon as possible.

5. Q: Will the state use the enrollee's LIHP income data already in case files to determine Medi-Cal eligibility under the MAGI rule and is the Medicaid expansion income level set at 133% or 138% of the Federal Poverty Level (FPL)? What will happen to those enrollees that are potentially eligible for non-MAGI coverage?

A: Under the Bridge to Reform Waiver Special Terms and Conditions (STCs), LIHP enrollees will be transitioned to the new Medicaid program or Exchange coverage without a new application. To facilitate the transition of this population, the state will use LIHP income data, to the extent possible.

The new Medicaid expansion group's income level can be up to 133% of the Federal Poverty Level (FPL) plus a 5% income disregard. The new income calculation methodology eliminated the income deductions used in the Medicaid program for the new coverage group. Therefore, the expansion group effective income can be up to 138% FPL.

Enrollees who could potentially be eligible for Non-MAGI Medicaid coverage must provide specific information to the LIHPs but this process has not yet been developed.

6. Q: Does DHCS have details on the eligibility determination process?

A: DHCS does not have details on the eligibility determination process for this population at this time. DHCS is communicating with CMS and requesting clarification on several policy issues.

7. Q: How will the Exchange perform outreach to LIHP enrollees who may be possible recipients of APTC or other subsidies? Will the State be doing targeted outreach and education to this population?

A: The Exchange has contracted with Ogilvy Public Relations for the development of an outreach and education plan. DHCS has reached out to the Exchange staff to discuss LIHP transition activities. As information becomes available, DHCS will provide updates on the LIHP Transition webpage.

8. Q: How and when will DHCS obtain consent from LIHP enrollees regarding the use of their LIHP enrollment data for transition to Medi-Cal or Exchange?

A: DHCS is developing language for the LIHPs to include in their enrollment/redetermination processes, as well as other in-person encounters. Once draft language becomes available, it will be shared with stakeholders. LIHP enrollees will be informed of the reasons for the data sharing. Their consent will be requested for transfer of eligibility data and enrollment into Medi-Cal.

Outreach and Notification

9. Q: Which agency will be responsible for the development of written materials and will they be translated into the threshold languages? Will outreach materials to LIHP enrollees be written for low-literacy audiences?

A: DHCS will develop the written materials with input from stakeholders. All written materials will be available in consumer friendly and culturally appropriate threshold languages.

10. Q: Who will be responsible for providing transition notification to LIHP enrollees and what types of information will be included in these communications? How will the notification process work and when will it be sent to enrollees?

A: DHCS will work with the LIHPs and the Exchange on the notification to LIHP enrollees prior to the transition. DHCS will provide language to the LIHPs to facilitate consistent messaging statewide. This will be a priority.

11. Q: What role will stakeholders have in the development of the transition process? What input would stakeholders have in development of the outreach/notification process?

A: To ensure a successful transition, the state will engage stakeholders for input by convening workgroups to focus on various aspects of the transition, including communication development, operational planning and development and information sharing and mobilization of community-based organizations. Stakeholders will be invited to participate in the workgroups and provide input in the development of the notification and outreach processes. Stakeholder engagement will be part of the development process to implement key components of the transition.

12. Q: Will current enrollees be able to provide input in transition plan details such as the eligibility determination/redetermination process?

A: Current enrollees, as well as the public, are able to provide comments and input into this transition process through the DHCS stakeholders' engagement process and email to LIHPTransitionProject@dhcs.ca.gov.

13. Q: When will enrollees receive the notifications regarding the transition?

A: New LIHP enrollees in 2013 will receive notice of the transition at the time of enrollment. Current LIHP enrollees will receive notification in 2013 at recertification.

14. Q: How will residents of counties without active LIHPs be notified?

A: DHCS is aware of this population who may become eligible in 2014 under the Medicaid expansion group. Current transition efforts are specific to the individuals who

are already or will be enrolled in a local LIHP in 2013. The Exchange, through their Outreach and Education Plan, will have an outreach and education campaign throughout California to inform potential eligibles of the transition.

Transition Assistance

15.Q: In what languages will transition assistance be available in?

A: All written information for LIHP enrollees about the transition will be available in the required threshold languages and telephone assistance will be available in multiple languages.

16.Q: Will authorized representatives be able to communicate with DHCS on behalf of the patient?

A: DHCS must protect the confidentiality of all individuals. Authorized representatives will be able to communicate with DHCS on the beneficiary's behalf if a written authorization is provided to DHCS.

17.Q: What types of assistance will be available to LIHP enrollees for the transition?

A: Transition assistance may include the LIHPs, the Exchange telephone call center, Navigators, Health Care Options (HCO) (via Enrollment Service Representatives), MMCPs, Community Based Organizations (CBOs) and the state's LIHP website. There will be more information regarding the timing of telephone assistance availability at a later date.

18.Q: What training will be provided to local enrollment counselors to respond to questions and needs of LIHP transition enrollees? What are the expectations of local enrollment counselors?

A: HCO will provide training to representatives in the counties operating LIHPs. HCO will be informed of the LIHP transition and will be provided with call scripts and FAQs to answer incoming calls when beneficiaries call in to make a choice.

19.Q: Can the Beneficiary Notice include local information telephone numbers?

A: The beneficiary notices will include many helpful phone numbers, including local information numbers if they are available. DHCS will post the resources available in each county to assist with enrollment.

20.Q: Which agency will be staffing the multi-lingual consumer assistance line – Office of Public Affairs, the Exchange, DHCS?

A: DHCS will be working to develop a process in conjunction with the Exchange. DHCS will provide updates as soon as information is known.

Managed Care

21. Q: Is there a description of the coverage available under Medicaid and/or the Exchange?

A: This initial transition plan is a working document that will evolve after August 1, 2012. As more information becomes available, this plan will be revised and the information shared, as appropriate.

22. Q: Will the benefit structure in 2014 be the same as today or will it be expanded or contracted?

A: Services will be delivered within the scope of work based on the health plan's contract requirements in 2014. The benefit package for the Medicaid expansion population, which includes most LIHP enrollees, will be selected in 2013. This issue will likely be taken up in the ACA special legislative session that will be called by Governor Brown. It is unknown at this time what the benefits package will be, but DHCS will have a stakeholder process on this issue in late 2012 and 2013.

23. Q: When will LIHP enrollees be enrolled into Medi-Cal managed care?

A: The transition will be effective Jan. 1, 2014.

24. Q: Will LIHP enrollees eligible for Medi-Cal managed care be given a choice about which plan they are enrolled in before January 1, 2014? How will LIHP enrollees choose a different MMCP than the one they are enrolled into? Will LIHP enrollees be provided a list of providers they could choose from?

A: The following plan assignment procedures have been created to maximize continuity of care, plan choice (if available in the local county), and seamless coverage by using an enrollee-centered process. Further, the procedures reflect stakeholder recommendations that plan assignment should focus on retaining a LIHP enrollee's medical home whenever possible.

Plan assignment will be conducted through a process which assigns enrollees to a MMCP based on their most recent LIHP medical home and makes available information on how to change the plan assignment. The assigned MMCP will conduct medical home assignment based on DHCS' provision of current LIHP medical home information. This will facilitate continuity of care during the transition. The MMCP will continue to provide a method for members to change their medical home if so desired, as is current practice.

DHCS will assign members to a plan using the following guidelines:

- If enrollee's LIHP medical home is in a single MMCP network, enrollee will be assigned to the one plan containing the same medical home.
- If enrollee's LIHP medical home is within multiple MMCP networks, default plan assignment will be conducted using an established algorithm which includes measures for quality and availability of traditional and safety net providers to assign a plan that contains the LIHP medical home in the existing network.
- If enrollee's LIHP medical home is not within a MMCP network, default plan assignment will be conducted using an established algorithm which includes measures for quality and availability of traditional and safety net providers.

25.Q: What is the “established algorithm” the state will use to place LIHP enrollees in MMCP networks and does it ensure fairness?

A: The algorithm includes measures based on an assessment of comparative plan performance on eight performance measures. Six measures are Healthcare Effectiveness Data and Information Set (HEDIS ®) measures related to the quality, access and timeliness of care provided by plans to Medi-Cal managed care plan members. The other two measures relate to plans' continued commitment to safety net providers in their contracted networks.

<http://www.dhcs.ca.gov/provgovpart/Pages/MMCDAAPerfIncentive.aspx>

26.Q: Will LIHP enrollees be enrolled into a plan that includes a majority of the LIHP enrollee's providers, with a focus on making sure the LIHP enrollee has access to providers most critical to her or his medical support system?

A: See the answer to question #24.

27.Q: What notifications and outreach will be conducted for enrollees in rural counties where roll out of managed care may fall behind schedule?

A: Notices will be sent out prior to transition and delay notices will be sent as necessary.

Plan Assignment

28.Q: Are all Federally Qualified Health Centers (FQHCs) clinics contracted with MMCP networks? If not, will FQHCs have an opportunity to contract with MMCPs and if allowable, what is the timeframe to get provider contracts/agreements in place?

A: Many FQHCs currently have contracts with MMCPs. FQHCs are encouraged to contact the plans in their county if they are interested in being a part of their network.

29. Q: Will DHCS take into account, as a part of its “established algorithm” for plan assignment, languages spoken by LIHP enrollees and MMCP providers to ensure enrollees can access services in their primary language?

A: Managed Care Health Plans contract with providers who speak various languages and the MMCPs will connect callers to representatives who speak their primary language. Linguistic services such as a Language Line are available to ensure access for enrollees to speak to someone in their primary language.

30. Q: Will DHCS be developing and sending the plan assignment notification? What is the target date for providing this notification?

A: DHCS LIHP, Medi-Cal Eligibility Division and Managed Care will coordinate with stakeholders to develop all notices sent to LIHP enrollees regarding this transition. DHCS will send all notifications. Some notifications will be general and some county specific. Notifications will be sent no sooner than October 1, 2013.

31. Q: Will DHCS work with County Organized Health Systems (COHS) plans to develop LIHP enrollee notification materials that eliminate confusion regarding enrollment and plan assignment process in COHS counties?

A: The COHS notification materials will be different and the DHCS will work with COHS counties throughout the transition.

Continuity of Care

32. Q: Has DHCS considered the unique needs of LIHP enrollees who require specialty mental health services and the role counties currently play in this process?

A: DHCS is aware of the special needs of this population and will assess comparability of LIHP and Medi-Cal provider networks to ensure adequate provider supply and maintain compliance with access to care standards after transition.

33. Q: California Mental Health Directors Association recommends the Department consider aligning existing mental health coverage requirements of the STCs, in particular STC 68, with a broader coverage transition plan, to ensure continuity of care and the unique needs of enrollees with specialty mental health service needs are integrated into all components of the transition plan.

A: These two transition-planning processes will be coordinated

34. Q: Will plans receive a list of LIHP enrollees who have been receiving case management services so managed care health plan case managers can conduct outreach to new members upon enrollment?

A: Yes, LIHPs will transfer appropriate data to DHCS through UCLA for purposes of providing this type of information to health plans for the transition.

35.Q: Will DHCS provide a list of high-risk LIHP enrollees?

A: High-risk LIHP enrollees will be identified and our goal is to share this population with the plans well before the transition so these enrollees will continue to receive the care they need.

36.Q: Will LIHPs receive instructions regarding timely transfer of any open authorizations for medical care to the members' new plan?

A: The details for continuity of care have not been determined at this time. This will be addressed in the future and shared as appropriate.

37.Q: Will the Department ensure any final continuity of care strategies including strategies to mitigate negative outcomes or disruption in currently covered health and mental health care, including medications, in this coverage transition?

A: DHCS will continue to ensure continuity of care and plan for no interruptions in beneficiary treatment plans or any necessary services.

38.Q: When will stakeholders see details of "continuity of care agreements"?

A: Stakeholders will be asked to give comments/questions throughout the transition. DHCS will work with LIHP providers and plans. Additional iterations of the transition plan will be released, likely beginning toward the end of 2012. More details on continuity of care will be included in plan iterations.

39.Q: Will Medi-Cal Managed Care Plans (MMCPs) honor the LIHP Drug formulary and prior authorizations? Will there be a delay of approval of specialty care by Health Plans; providers were frequently asked to provide additional documentation to justify the need for specialty care and/or medications? Will the length of the Medical Exemption Request (MERs) process impact continuity of care?

A: To the extent available, DHCS will provide data to the health plans. There should not be a delay of approval of specialty care by health plans. MERs will be processed efficiently and will not affect continuity of care.

Rate Setting

40.Q: Will DHCS supplement its rate-setting analysis with Medi-Cal data for comparable populations and other actuarial data sets? Is rate development strictly from claims data or will risk adjustment principles be applied? Will there be county-specific rates? How will Pricing work? What are the expected cost savings?

A: Currently, Capitated Rates Development Division's (CRDD) is developing the process for rate development and details are unknown at this time.

Data Transfer

41. Q: Can the state clarify when the counties will need to send Low Income Health Program (LIHP) enrollment data and client case information to the state?

A: DHCS is awaiting guidance from the Center for Medicare and Medicaid Services (CMS) on the required data elements used to determine eligibility for the transition of LIHP enrollees to Medi-Cal or the Exchange. Once CMS guidance is received, DHCS will share the information with the LIHPs and develop a policy letter to provide additional guidance.

LIHPs must report enrollee's eligibility information to the state's Medi-Cal Eligibility Data System (MEDS) through the local Statewide Automated Welfare System (SAWS) or direct report through the state's MEDS option. LIHP enrollee eligibility data must be reported to MEDS no later than March 1, 2013. In addition, DHCS is in discussions with UCLA regarding the collection of additional data from the LIHPs for the purposes of Medi-Cal managed care planning and analysis.

42. Q: What role will the county eligibility determination systems have in this process?

A: DHCS will start discussion with counties to formulate the processes for the LIHP transition. The development of the actual processes will depend on CMS guidance for the transition.

43. Q: Can the State clarify the IT processes and timeline that will be used between July and December 2013?

A: DHCS is drafting an internal operational plan with timelines and activities required for all aspects of the LIHP transition. Once CMS guidance is received, the IT processes and timeline will be included in the operational plan.

The IT process for transmission of LIHP enrollee eligibility data to MEDS is either from the SAWS consortia or directly from the LIHPs via batch file format. The IT process for transfer of health and medical home data will consist of data transmission from LIHPs to UCLA, who will then pass that data on to the DHCS' Data Warehouse.

44. Q: What is the process/protocol for counties to transfer data to the California Health Eligibility and Enrollment Retention System (CalHEERS)? Will the data need to be sent to DHCS, UCLA, or both?

A: For CalHEERS, the process/protocol for transfer of data is not known at this time as CalHEERS is being developed. DHCS will work with the Exchange to develop the data transfer process.

Provider Supply/Network Adequacy

45.Q: Will DHCS ensure available network capacity within plan networks?

A: DHCS will work with the Department of Managed Health Care throughout the transition to ensure network adequacy.

46.Q: What is the target date for provider network mapping? How is this to be communicated?

A: The target date to complete the mapping is the second quarter of 2013. DHCS will work with managed care health plans and LIHPs to communicate to all stakeholders.